

Case Number:	CM13-0062400		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2005
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who reported injury on 09/14/2005. The mechanism of injury was cumulative trauma. The documentation of 10/25/2013 revealed a physical examination of the lumbar spine, which indicated the injured worker had moderate tenderness over the paraspinal musculature and moderate pain over the trochanter. The injured worker had mild facet tenderness from L3-5. The injured worker had decreased range of motion. The diagnoses included lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The injured worker indicated they had moderate to severe low back pain radiating down the left lower extremity. The treatment recommendations were a left L5-S1 transforaminal epidural steroid injection and an LSO brace for home use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 LUMBOSACRAL ORTHOSIS BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use

of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to indicate the injured worker had spinal instability. There was a lack of documented rationale for the necessity of a lumbar spine brace. Given the above, the request for 1 Lumbosacral Orthosis Brace is not medically necessary.